

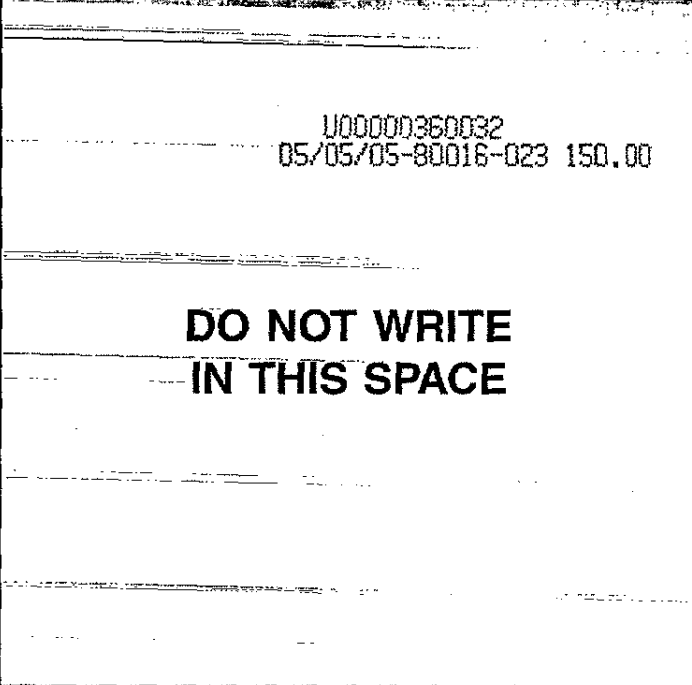
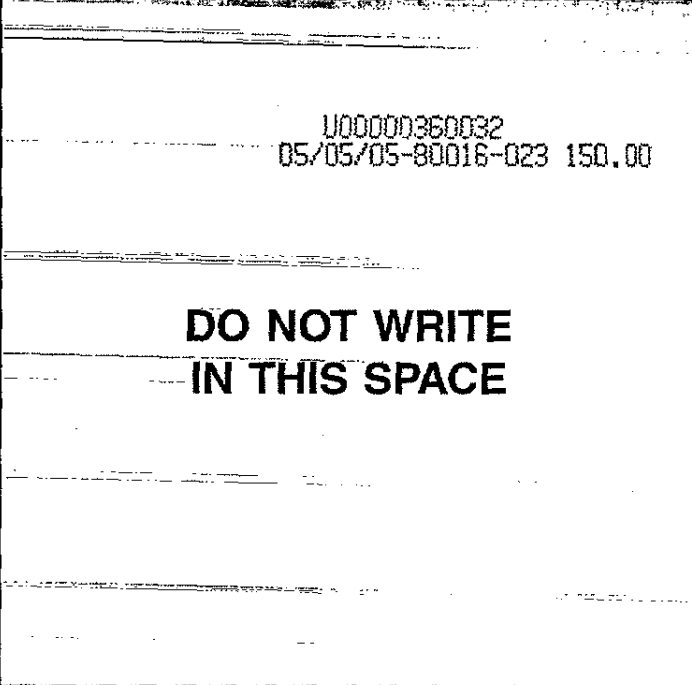
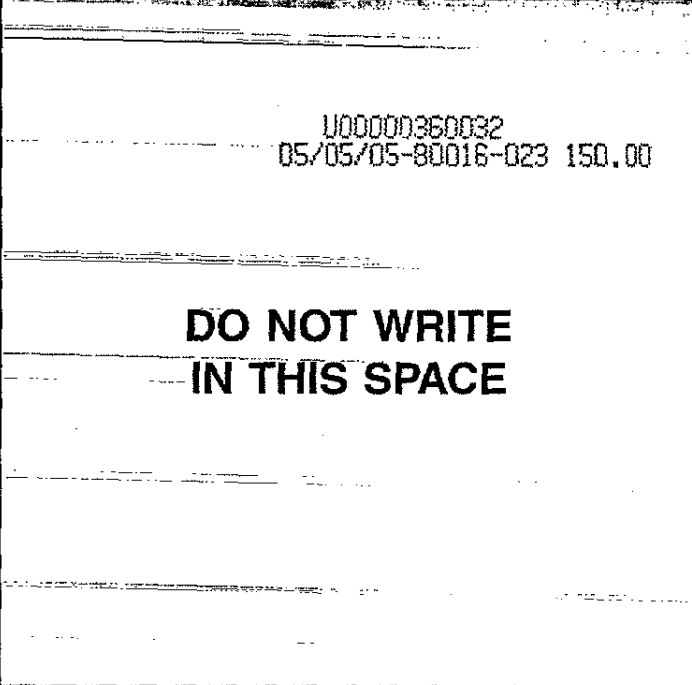
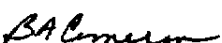


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 852827</b> 1. Entity Name <b>QUALIFIED CONTRACTORS, INC.</b>			
Principal Place of Business <b>2024 CAPITAL DRIVE WILMINGTON, NC 28405 US</b>		Mailing Address <b>P. O. BOX 2216 SCHENECTADY, NY 12301-2216 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03152005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>56-1330938</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	HARVELL, STAN G		
STREET ADDRESS	2024 CAPITAL DRIVE		
CITY- ST- ZIP	WILMINGTON, NC 28405		
TITLE	V		
NAME	COWAN, PHILIP W		
STREET ADDRESS	2024 CAPITAL DRIVE		
CITY- ST- ZIP	WILMINGTON, NC 28405		
TITLE	TDS		
NAME	WILLIAMS, ROBERT D A		
STREET ADDRESS	1302 NORTH 19TH ST		
CITY- ST- ZIP	TAMPA, FL 33605		
TITLE	AT		
NAME	KAISER, GERARD C		
STREET ADDRESS	2024 CAPITAL DRIVE		
CITY- ST- ZIP	WILMINGTON, NC 28405		
TITLE	VPAT		
NAME	PATIN, JOSEPH P		
STREET ADDRESS	4200 WILDWOOD PKWY MD07-03A-01		
CITY- ST- ZIP	ATLANTA, GA 30339		
TITLE	D		
NAME	TULLMAN, ROBERT M		
STREET ADDRESS	1302 NORTH 19TH ST		
CITY- ST- ZIP	TAMPA, FL 33605		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/19/05 BARBARA A. CAMERON 518-433-4337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	